

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

160 470343

12/22/94

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1			1				51	
2				1			52	
3					1		53	
4						1	54	
5						2	55	
6						1	56	
7						4	57	
8						4	58	
9						4	59	
10						4	60	
11							61	
12				1			62	
13				1			63	
14				1		1	64	
15				1		1	65	
16	1			1		1	66	
17			3			3	67	
18			1		1		68	
19			3			3	69	
20			3			3	70	
21			1		1		71	
22				1		1	72	
23				2		2	73	
24			2			2	74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND	1		4		4		TOTAL IND	
TOTAL DEP	35	42	42	42	42	42	TOTAL DEP	
TOTAL CLAIMS	36	46	46	46	46	46	TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS